	PAIEN!	Effect			09	10	1439	879													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	MTITY	RO	OTHER THAN										
TOTAL CLAIMS			25				Ŕ	ATE	FEE	1	RATE	FEE									
FOR 08/3//01			NUMBER FILED		NUMBER EXTRA		BA	HC FE	355.00	OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 5		×	\$ 9=		OR	X\$18=	00									
INDEPENDENT CLAIMS			5 minus 3 =		· Q		×	40=		OR	X80=	150									
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					135=		1	+270=	2.00									
- 17	the difference	in column 1 is	less than ze	ro, enter	<b>"0"</b> in c					OR	TOTAL.	as									
, , CLAIMS AS AMENDED - PART II							•	, inc	<u> </u>	JON	OTHER										
11	40/11/2	(Column 1)	(Colur	(Column 2) (Column 3)			MALL	ENTITY	OR	SMALL											
ENT.A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
AMENDMENT	Total	· 25	euniM	-2	5	<del>-</del> -6	×	\$ <b>9</b> =		OR	X\$18=	•									
AME	Independent	• 5 NTATION OF M	Minus	*** (	5	-0	×	40=		OR	X80=										
٧	7	NIAHON OF M	JLTIPLE DEF	ENDEN	CLAIM		+1	35=		OŘ	+270=										
E.A.							TOTAL		OR	TOTAL ADDIT, FEE	<b>-</b>										
03 27 0 6 (Column 1) (Column 2) (Column 3)																					
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO		PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
NON	Total	. 25	Minus	2	5	= <del>Q</del>	X	9=		OR	X\$18=										
AME	Independent	NTATION OF MI	Minus	*** C	S AIM	=-0	×	40 <del>=</del>		OR	X80=										
	PROT PRESE	WINION OF INC		CHUCH	CLAIM			35=		OR	+270=										
		<i>:</i>						TOTAL T. FEE		OR	TOTAL ADDIT. FEE	4									
	~~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(Column 1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Colur		(Column 3)															
AMENDMENT C	· -	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	R/	NE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE									
	Total	•	Minus	**		2	X	9=		OR	X\$18=										
	Independent	•	Minus	***		=	X4	10=		OR	X80= .										
	FIRST PRESE	NTATION OF M	JLTIPLE DEF	ENDENT	CLAIM		-	35=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=										
•••	If the "Highest Nu	mber Previously P	aid For IN THI	S SPACE i	s less tha	n 3, enter "3."	ADDI	r. FEE	propriete box	"If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

**Application or Docket Number**